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LICENSE NUMBER: 053400001		CITY OR TOWN HOLDEN	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: GEORGE SA	AVVIDIS		
DOING BUSINESS A HOLDEN	PIZZA		
ADDRESS 597 MAIN ST.			
CITY/TOWN: HOLDEN	STATE: MA	ZIP CODE: 01520	
MANAGER:	TYPE OF LICENSE: R	estaurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	_
DESCRIPTION OF LICENSED PL	REMISES:		
ONE FLOOR TWO ROOMS			
I hereby certify and swear under pe	nalties of perjury that:		
1. the renewed license will	be of the same type for the	ne same premises now licensed;	
2. the licensee has complie	ed with all laws of the Con	nmonwealth relating to taxes; and	
3. the premises are now op	en for business (If not exp	plain below)	
SIGNED BY Individual, F	Partner or Authorized Cor	porate Officer	
DATE:		EMPLOYER IDENTIFICAT	FION NI IMPED.
TELE	PHONE NUMBER:	(Note: NOT Individual Social S	
We the undersigned, attest that vacts of 2004, signed by the build named license and (2) the certific of 2010.	ing inspector and the he	ad of the fire department for the	above
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:		-	
APPLICATION FOR RENEWAL MUST BE FILI	ED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 1	6A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 053400002		CITY OR TOWN HOLDEN	
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAME	E: BLUE PLATE INC.			
DOING BUSINES	S A BLUE PLATE BA	R		
ADDRESS 661 MA	AIN ST.			
CITY/TOWN: HO	OLDEN	STATE: MA	ZIP CODE: 01520	
MANAGER: ST.	ACY, MICHAEL TYPI	E OF LICENSE: Re	staurant CATEGORY:	All Alcohol
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT OUR WEE	SSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF	F LICENSED PREMISI	ES:		
ONE FLOOR WIT AND STORAGE	H BAR, DINING ROO	M AND KITCHEN	N. CELLAR USED FOR BEER C	COOLER
I hereby certify and	l swear under penalties of	of perjury that:		
1. the rene	wed license will be of the	ne same type for the	e same premises now licensed;	
2. the licer	nsee has complied with a	all laws of the Com	monwealth relating to taxes; and	
3. the pren	nises are now open for b	ousiness (If not expl	ain below)	
SIGNED BY				
	Individual, Partner of	or Authorized Corp	orate Officer	
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIFICATION OF THE PROPERTY NOT THE PROPERTY OF TH	
			(Note: NOT Individual Social S	Security Number)
Acts of 2004, sign	ed by the building insp	pector and the hea	e certificate required by Chapt d of the fire department for the urance required by Chapter 110	above
Please Check Below:			LOCAL LICENSING AUTH	ORITY
APPROVED:	]		By:	
DISAPPROVED:				
(If disapproved exp	olain)			
			-	
DATE.				
DATE:				



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LICENSE NUMBER: 053400007		CITY OR TOWN HOLDEN	V
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: PAPA GINO'S	, INC.		
DOING BUSINESS A PAPA GINO'	S		
ADDRESS 797 MAIN STREET			
CITY/TOWN: HOLDEN	STATE: MA	ZIP CODE: 01520	
MANAGER: SWEAT, EARL ROBERT	TYPE OF LICENSE: Rest	caurant CATEGORY	Y: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PRE	MISES:		
ONE STORY BLDG HAVING ONE SERVING AREA, ONE STORAGE I			3
I hereby certify and swear under penal	lties of perjury that:		
1. the renewed license will be	e of the same type for the s	same premises now licensed;	
2. the licensee has complied	with all laws of the Comm	onwealth relating to taxes; and	d
3. the premises are now open	for business (If not expla-	in below)	
SIGNED BY			
Individual, Par	tner or Authorized Corpor	rate Officer	
DATE: TELEPH	IONE NUMBER:	EMPLOYER IDENTIFICA	
		(Note: NOT Individual Social	l Security Number)
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificat of 2010.	g inspector and the head	of the fire department for th	ne above
Please Check Below:		LOCAL LICENSING AUT	HORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0534000	09	CITY OR TOWN	HOLDEN
APPLICATION FOR RENEW	AL: Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: HOLDE	N DISCOUNT LIQUORS, IN	C.	
DOING BUSINESS A			
ADDRESS 673 MAIN ST			
CITY/TOWN: HOLDEN	STATE: MA	ZIP CODE:	01520
MANAGER: PRUNIER, KENNETH J.	TYPE OF LICENSE:P	ackage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSEI	O PREMISES:		
ONE STORY BLDG CONSIST STORAGE ROOM IN CELLA		THE FIRST FLOOR	AND ONE
2. the licensee has com	will be of the same type for the plied with all laws of the Convopen for business (If not exp	nmonwealth relating to	
SIGNED BY Individu	al, Partner or Authorized Corp	oorate Officer	
DATE: TE	ELEPHONE NUMBER:		R IDENTIFICATION NUMBER:
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0534	100010	CITY OR TOWN	HOLDEN
APPLICATION FOR REN	EWAL: Ann	ual LICENS	SED FOR 2013
	CLA	ASS	YEAR
LICENSEE NAME: HOLDOING BUSINESS A ADDRESS 140 RESERVO		NC.	
CITY/TOWN: HOLDEN	STATE:	MA ZIP CODE:	01520
MANAGER: NAMIOTK SUSAN M		NSE:Package Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
DESCRIPTION OF LICEN FRONT ENTRANCE ANI			
2. the licensee has	ense will be of the same type	e for the same premises now ne Commonwealth relating to	
SIGNED BY Indi	vidual, Partner or Authorize	ed Corporate Officer	
DATE:	TELEPHONE NUMBER	•	IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	53400011		CITY OR TOWN	HOLDEN	
APPLICATION FOR R	ENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: N	MCKINLAY'S INC.				
DOING BUSINESS A	MCKINLAYS LIQ	UORS			
ADDRESS 624 MAIN	STREET				
CITY/TOWN: HOLD	EN	STATE: MA	ZIP CODE:	01520	
MANAGER: MCKIN A.	ILAY, IAIN TYPE	OF LICENSE: Pac	kage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	CASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EM	IAIL ADDRESS		1
DESCRIPTION OF LIC	CENSED PREMISE	S:			
four unit strip mall loca Expansion to include ar			in retail area and an	8x6 office in	rear.
SIGNED BY	are now open for bu				
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Please Check Below: APPROVED:			LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVED:			By:		
(If disapproved explain	)				
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 053400018		Cľ	TY OR TOV	VN HOLDEN	
APPLICATION FOR	RENEWAL:	Annu	al	LIC	ENSED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 1175 MA	A	EL, INC				
CITY/TOWN: HOL	DEN	STATE:	MA	ZIP CODE	: 01520	
	ENPORT, IARD S	TYPE OF LICEN	SE:Packag	e Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
		UR WEBSITE AND ENTER	YOUR EMAIL	ADDRESS		
DESCRIPTION OF I 1200 SQ FT BLDG V			EXITS A	Γ EACH SII	DE. SALES OFF	ICE TO
ACCOMODATE RE	TAIL SALES O	F BEER AND WI	NE. WAL	K IN COOL	ER. ONE STOR	Y
	ses are now open	with all laws of the for business (If no the for business (If no the for business (If no the for business) are the for business (If no the forbusiness) are the forbusiness (If no the forbusiness) ar	ot explain l	pelow)	ng to taxes; and	
DATE:	TELEPH	IONE NUMBER:			YER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED:				OCAL LICI By:	ENSING AUTH	ORITY
(If disapproved expla	in)		-			
DATE:			=			



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(	CITY OR TOWN HOLDEN
Annual	LICENSED FOR 2013
CLASS	YEAR
RESTAURANT INC	
A PALACE	
STATE: MA	ZIP CODE: 01520
PE OF LICENSE: Resta	aurant CATEGORY: All Alcohol
VEBSITE AND ENTER YOUR EMA	AIL ADDRESS
SES:	
	THE KITCHEN. ONE NEW DECK ADDITION FRONT LEFT SIDE T
s of perjury that:	
the same type for the same	same premises now licensed;
	onwealth relating to taxes; and
business (If not explain	in below)
r or Authorized Corpor	rate Officer
of Audionzed Corpore	ate Officer
JE NI IMBED:	EMPLOYER IDENTIFICATION NUMBER:
NE NUMBER.	(Note: <u>NOT</u> Individual Social Security Number)
spector and the head	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
	LOCAL LICENSING AUTHORITY
	By:
	Annual CLASS RESTAURANT INC A PALACE  STATE: MA PE OF LICENSE: Rest RESTAURANT INC A PALACE  STATE: MA PE OF LICENSE: Rest RESTAURANT INC STATE: MA RESTAURANT IN



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LICENSE NUI	MBER: 053400021	C	CITY OR TOWN HOLDE	N
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
	AME: JEB'S RESTAURAN NESS A ETHAN'S FAMILY		ND BAR	
ADDRESS 1 P	PRINCETON STREET			
CITY/TOWN:		STATE: MA	ZIP CODE: 01522	
MANAGER:	THOMAS, BINDHUTYPE	OF LICENSE: Resta	urant CATEGORY	Y: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION	N OF LICENSED PREMISE	ES:		
BEHIND DINI FRONT OF BI	THROOMS: DINING AREA ING AREA, FUNCTION RM LDG. 2 MAIN ENTRANCE CESS STEPS TO KITCHEN	M APPROX. 28', COAS, 1 ENTRANCE IN	AT CLOSET & 2 RESTRMS	S IN
I hereby certify	and swear under penalties o	f perjury that:		
1. the	renewed license will be of th	e same type for the sa	me premises now licensed;	
	licensee has complied with a		•	d
3. the 1	premises are now open for b	usiness (If not explain	i below)	
SIGNED BY	Individual, Partner o	r Authorized Corpora	te Officer	
D.A.WE				
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Social	
			(1vote: 1vot	a security Number)
Acts of 2004,	signed, attest that we are in signed by the building insp e and (2) the certificate of li	ector and the head o	of the fire department for t	he above
Please Check Belo	<u>ow:</u>		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	i expiain)			
DATE:				



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LICENSE NUN	MBER: 053400022		CITY OR TO	OWN HOLDEN	1	
APPLICATION	N FOR RENEWAL:	Annual	L	LICENSED FOR	2013	
		CLASS			YEAR	
DOING BUSIN	AME: STOW ACRES GONESS A HOLDEN HILLS					
ADDRESS 180	00 MAIN ST					
CITY/TOWN:	HOLDEN	STATE: MA	ZIP COI	DE: 01522		
MANAGER:	Kane, Roger K, Jr TYP	E OF LICENSE:	estaurant	CATEGORY	: All Alcohol	
EMAIL ADDR	ESS:					
	PLEASE ALSO VISIT OUR WE N OF LICENSED PREMIS		EMAIL ADDRESS			
FLOOR, DECK TENTED PAV AREA; BASEM	WITH BASEMENT AND K AREA, PATIO, TENTEI ILION. 1ST FLR CONTA MENT USED FOR STORA	O PAVILION WIT INS PRO SHOP,K AGE, TWO ENTR	TH CANOPY FI ITCHEN,OFFI	ROM BUILDING	TO	
I hereby certify and swear under penalties of perjury that:						
	<ol> <li>the renewed license will be of the same type for the same premises now licensed;</li> <li>the licensee has complied with all laws of the Commonwealth relating to taxes; and</li> </ol>					
	premises are now open for			atting to taxes, and	L	
	1		,			
SIGNED BY	Individual, Partner	or Authorized Cor	porate Officer			
DATE:	TELEPHONI	E NUMBER:		PLOYER IDENTIFICA		
Acts of 2004, s	signed, attest that we are signed by the building ins and (2) the certificate of	pector and the he	ad of the fire d	lepartment for th	e above	
Please Check Belo APPROVED: DISAPPROVE (If disapproved	D:		LOCAL LI	ICENSING AUTI	HORITY	
DATE:						



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 053400024		CITY OR TOWN	HOLDEN	
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS		•	YEAR
DOING BUSINESS ADDRESS 1126 WA	ACHUSETT ST	RKET INC.  STATE: MA	ZIP CODE:	01522	
CITY/TOWN: HOI				01522	A 11 - A 1 1 1
MANAGER: RUS ANT	HONY J.	E OF LICENSE: Pac	kage Store CA	ATEGORY:	All Alconol
EMAIL ADDRESS: DESCRIPTION OF	PLEASE ALSO VISIT OUR WE LICENSED PREMIS		AIL ADDRESS		
SINGLE STORY W	OOD BUILDING HO	OUSING A CONVEN	NINCE STORE CC	ONTAINING	
<ol> <li>the renew</li> <li>the licens</li> </ol>	wear under penalties wed license will be of the ee has complied with ses are now open for be	he same type for the sall laws of the Comm	onwealth relating to		
SIGNED BY	Individual, Partner	or Authorized Corpor	rate Officer		
DATE:	TELEPHONE	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	R IDENTIFICATI	
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved explain	ain)		LOCAL LICENS By:	SING AUTHO	DRITY
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 053400025		CITY OR TOWN HOLDEN	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
	AME: THE VIAPLANESS A FLIP FLOR	ANO COMPANIES INC.		
ADDRESS 68	0 MAIN STREET			
CITY/TOWN:	HOLDEN	STATE: MA	ZIP CODE: 01520	
MANAGER:	VIAPIANO, NICOLA	TYPE OF LICENSE: Re	staurant CATEGORY	All Alcohol
EMAIL ADDI	RESS:			
		OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	N OF LICENSED PI			
	ox 90 seats including	uar area		
				-
3. the SIGNED BY		en for business (If not expl		
DATE:	TELEI	PHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Acts of 2004,	signed by the build	ing inspector and the head	e certificate required by Chap d of the fire department for th arance required by Chapter 11	e above
Please Check Belo APPROVED: DISAPPROVE (If disapproved)	ED:		LOCAL LICENSING AUTH By:	IORITY
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 053400027		CITY OR TOWN HOLDEN	
APPLICATION FOR RENEWAL	.: Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: Grant's Gro DOING BUSINESS A One Stop			
ADDRESS 1142 Main St			
CITY/TOWN: HOLDEN	STATE: MA	ZIP CODE: 01520	
MANAGER: grant, gordon	TYPE OF LICENSE: Pa	ackage Store CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VIS	IT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSED F	PREMISES:		
1st flr consisting of retail and stora	age. 3 entrances and exits		
3. the premises are now o	pen for business (If not exp		
DATE: TELE	EPHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	IORITY
DATE:			



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 05340002	.8	CITY OR TOWN HOLDEN		
APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR 2013		
	CLASS	YEAR		
LICENSEE NAME: PLAYA I	DEL CARMEN MEXICAN R	ESTAURANT		
DOING BUSINESS A				
ADDRESS 700 MAIN STREET	<b>.</b>			
CITY/TOWN: HOLDEN	STATE: MA	ZIP CODE: 01520		
MANAGER: SCAFFIDI, CARMEN	TYPE OF LICENSE: Re	staurant CATEGORY: All Alcohol		
EMAIL ADDRESS:				
PLEASE ALSO V	VISIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LICENSED	PREMISES:			
MAIN ENTRANCE OF BUILD ENTRANCE AT THE RIGHT I OUT BASEMENT		DETHERE IS A SECOND ANCE ON THE BACK SIDE WALK		
I hereby certify and swear under	penalties of perjury that:			
1. the renewed license v	vill be of the same type for the	e same premises now licensed;		
2. the licensee has comp	olied with all laws of the Com	monwealth relating to taxes; and		
3. the premises are now	open for business (If not expl	ain below)		
SIGNED BY Individua	l, Partner or Authorized Corpo	orate Officer		
DATE: TEL	LEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:		
		(Note: <u>NOT</u> Individual Social Security Number)		
Acts of 2004, signed by the bu	ilding inspector and the hea	de certificate required by Chapter 304 of the dof the fire department for the above trance required by Chapter 116 of the Acts		
Please Check Below:		LOCAL LICENSING AUTHORITY		
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				



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LICENSE NU	MBER: 053400029		CITY OR TOWN	HOLDEN	
APPLICATIO	N FOR RENEWAL:	Annual	LICENS	SED FOR 2013	
		CLASS		YEAR	
LICENSEE N	AME: THAI ISLAN	D LLC			
DOING BUSI	NESS A				
ADDRESS 45	6 MAIN STREET				
CITY/TOWN:	HOLDEN	STATE: MA	ZIP CODE:	01520	
MANAGER:	KWASNIEWSKI, OLGA	TYPE OF LICENSE: Re	staurant CA	ATEGORY: Wine an Malt Re	
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTIO	N OF LICENSED PR	EMISES:			
		TWO RESTROOMS IN EXITS. KITCHEN, STO			
	y and swear under pen				
1. the	renewed license will b	be of the same type for the	same premises now	licensed;	
2. the	licensee has complied	with all laws of the Com	nonwealth relating to	taxes; and	
3. the	premises are now ope	n for business (If not expl	ain below)		
SIGNED BY					
	Individual, Pa	artner or Authorized Corpo	orate Officer		
DATE:	TELEP:	HONE NUMBER:	EMPLOYER	IDENTIFICATION NUM	BER:
			(Note: NOT Individual Social Security Nu		
We the under	raigned attact that w	e are in possession (1) th	a aantifiaata maanina	d by Chantan 204 of	ftho
		ng inspector and the head			· the
named license		nte of liquor liability insu			cts
of 2010.					
Please Check Belo			LOCAL LICENS	ING AUTHORITY	
APPROVED:			By:		
DISAPPROVI					
(If disapproved	d explain)				_
					_
DATE:					_



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	053400030		CITY OR TO	WN HOLDEN	
APPLICATION FOR F	RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	GINI INC.				
DOING BUSINESS A	THE SPECIALT	Y SANDWICH CO.			
ADDRESS 624 MAIN	STREET				
CITY/TOWN: HOLD	EN	STATE: MA	ZIP CODE	E: 01520	
MANAGER: VASIL	LAQ, GINI TYI	PE OF LICENSE: Re	estaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LI	CENSED PREMIS	SES:			
SINGLE STORY DINI MAIN STREET #2T GROUND LEVEL AT	THE DINING ROO	OM SEATS 25 PERS	SONSTHERE		
I hereby certify and swe	ear under penalties	of perjury that:			
1. the renewed	license will be of	the same type for the	e same premises	now licensed;	
2. the licensee	has complied with	all laws of the Com	monwealth relati	ng to taxes; and	
3. the premises	s are now open for	business (If not expl	lain below)		
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLO	OYER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT Individual Social Securi		
We the undersigned, Acts of 2004, signed by named license and (2) of 2010.	y the building ins	spector and the hea	d of the fire dep	partment for the	above
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:	1		By:		
DISAPPROVED:					
(If disapproved explain	)				
DATE:					



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LICENSE NU	MBER: 053400031		CITY OR TOWN HOLDEN	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
DOING BUSI			GRILL INC.	
	6 RESERVOIR STREE			
CITY/TOWN:	HOLDEN	STATE: MA	ZIP CODE: 01520	
MANAGER:	VUONG, THELOUISE J.	YPE OF LICENSE: Re	estaurant CATEGORY	: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUI	R WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREM	MISES:		
BASEMENT,	FIRST FLOOR AND S	ECOND FLOORBA	SEMENT CONTAINS COCKT	AIL
I hereby certify	y and swear under penalt	ies of perjury that:		
1. the	renewed license will be	of the same type for the	e same premises now licensed;	
2. the	licensee has complied w	vith all laws of the Com	monwealth relating to taxes; and	
3. the	premises are now open	for business (If not exp	lain below)	
SIGNED BY	Individual, Part	ner or Authorized Corp	oorate Officer	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Acts of 2004,	signed by the building	inspector and the hea	ne certificate required by Chap ad of the fire department for th urance required by Chapter 11	e above
Please Check Bel	ow:		LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
OISAPPROVI (If disapproved			-	
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILED B	Y LICENSEES DURING THE I	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)